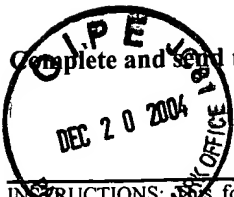


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**
Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

007265 7590 09/29/2004

MICHAELSON AND WALKER ASSOCIATES
PARKWAY 109 OFFICE CENTER
328 NEWMAN SPRINGS RD
P O BOX 8489
RED BANK, NJ 07701

12/27/2004 WABDEL3 00000004 09777083

01 FC:1501 1400.00 OP

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Peter L. Michaelson	(Name)
<i>Peter L. Michaelson</i>	(Signature)
December 13, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/777,083	02/05/2001	Duy Pham	3COM-78(3207.STG.US.P)	9547

TITLE OF INVENTION: EQUALIZER ADAPTER FOR A PULSE AMPLITUDE MODULATION RECEIVER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1230 \$1400	\$0	\$1230 \$1400	12/29/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
KIM, KEVIN	2634	375-229000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michaelson & Associates2 Peter L. Michaelson

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

3COM CORPORATION

SANTA CLARA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-3083 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name Peter L. MichaelsonRegistration No. 30,090

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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MICHAELSON & ASSOCIATES

December 10, 2004

Peter L. Michaelson
NJ, NY, PA, AK Bars
Arbitrator, Am. Arb. Assoc.
Fellow, Ch. Inst. Arb. (UK)

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the following utility patent application, we have enclosed herewith form PTOL-85B (in duplicate) and our check (\$ 1,400) for the issue fee due.

Applicant: **Duy PHAM, Anthony E. ZORTEA**
Title of application: **EQUALIZER ADAPTER FOR A PULSE
AMPLITUDE MODULATION RECEIVER**
Serial No.: **09/777,083** Filed: **Feb. 5, 2001**
Doc. No.: **PTT-78(3207STGUSP)** Confirmation No.: **9547**

In the event this check is unacceptable, insufficient or is omitted, please charge any additional fee to our deposit account number 13-3083. To facilitate this charge, a duplicate copy of this letter is also enclosed herewith.

Respectfully submitted,

Peter L. Michaelson, Attorney
Reg. No. 30,090
Customer No. 007265

email:
pmichaelson@mandw.com

web site:
www.mandw.com

CERTIFICATE OF MAILING under 37 C.F.R. 1.8(a)

NJ Office (Reply to):
Parkway 109 Office Ctr.
328 Newman Springs Rd.
P.O. Box 8489
Red Bank, NJ 07701
Tel: 732-530-6671
Fax: 732-530-6584/5
Videoconference:
732-224-0132 (ISDN)

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30,090

Reg. No.

Office also in:
Santa Clara, California



MICHAELSON & ASSOCIATES

December 10, 2004

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email:
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